

Awana Clubs Contact Information and Permission Authorization

Please list all of your Clubbers below:

	First Name	Last Name	Birth Date month/day/yr	School Grade	Allergies and Medical conditions we should know about. *
1			/ /		
2			/ /		
3			/ /		
4			/ /		
5			/ /		

* We have a period of fast activity every night and serve food/candy at times in every age level.

Guardian(s) Information:

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Primary contact Phone # _____

Secondary contact Phone # _____

Mailing Address: _____

Street Address

City

Zip

Physical Address: _____

Street Address

City

Zip

E-Mail: _____ Facebook User ID: _____

Home Phone, if not listed above: _____

Church: _____

Who is allowed to pick up your child(ren): _____

Must be an adult

Does your child ride the bus: Yes No

(Cubbies may **NOT** ride the bus for safety reasons. Bus space is limited.)

Other contact in case you can not be reached in an emergency:

Name: _____ Phone #: _____

Relationship to child(ren): _____

Continued on reverse side.

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Medical Emergency

Family Doctor _____ Phone _____

RELEASE OF LIABILITY, PHOTO RELEASE AND CONSENT TO MEDICAL TREATMENT

- Release of liability:** I, for myself, my minor child and for the child's other parent and/or guardian, hereby release waivers, discharge, and covenant not to sue Faith Bible Fellowship, and its officers, directors, employees, agents, volunteers, heirs and assigns of and from all liability, loss claims, demands, possible causes of action, court cost, attorney's fees and other expenses arising from any lawsuit that my otherwise occur from any loss, damages or injury to my child's person or property in any way resulting from or connected with my child's attendance at Awana, including, without limitation, the failure of anyone to enforce rules and regulation, failure to make inspections, or the neglect of other persons.
- Photo Release:** I give permission for my child's photo, which may be taken during Awana to appear on the church website www.biglakefaithbible.org, Faith Bible Fellowship Facebook pages, or be used for publicity or display purposes.
- Consent to Medical Treatment:** In the event my child become ill or injured, I give permission for a representative of Faith Bible Fellowship to take whatever steps are reasonably necessary to render emergency first aid for my child. I also consent to such emergency medical treatment as may be reasonably necessary to ensure the health and welfare of my child including, but not limited to x-rays, anesthetic, medical or surgical diagnosis and treatment, hospital care and administration of drugs or medicine under the care of a license physician and/or surgeon.
- Awana Content Permission Authorization:** Occasionally your child's handbook leader would like to contact you and your child to see how they are enjoying club, and if they need any help in completing their handbooks. Your child's leader would also like to send written correspondence such as "Get Well" cards and a "Birthday Card". By signing below, you are giving your child's leader written permission as the legal parent/guardian to contact you and your child, by written communication and by telephone to discuss club activities.

My child(ren), listed above, have my permission to participate in all Awana Club activities sponsored by Faith Bible Fellowship during the:

_____ - _____ School year _____	_____
Guardian's signature	Date
_____ - _____ School year _____	_____
Guardian's signature	Date
_____ - _____ School year _____	_____
Guardian's signature	Date